



EDMONDS MUNICIPAL COURT

250 5th AVE N EDMONDS WA 98020
(425) 771-0210 (425) 771-0269 (fax)
edmcourt@edmondswa.gov

REQUEST FOR COURT RECORDS

Date of Request: _____

Requestor Name: _____

Requestor Address: _____

Requestor Email: _____

Requestor Phone: _____

Request Made: ☐ In Person ☐ In Writing ☐ Phone ☐ Fax ☐ Email

Description of Request: Be specific-include defendant's name, case number and documents requested.

By submitting this request, the requestor is agreeing that the information provided by the Edmonds Municipal Court will not be released to any unauthorized persons or used for any commercial or other unauthorized purposes.

Signature of Requestor

Respond to request by: ☐ Mail ☐ Phone for pickup ☐ Fax ☐ Email

☐ Non certified copies @ \$.15 per page (no charge for first 5 pages)

☐ Certified copies @ \$5 per document

☐ Recording of proceedings @ \$10 per CD

Copy Fees _____ Certified Fees _____ CD Fees _____ Total Fees _____

Record provided to Requestor: Clerk _____ Date _____ Method _____